

Secretary of State Office
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ANNUAL REPORT DOMESTIC LLP

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FILE DATE _____
RECEIPT NO _____

Telephone # _____
FAX # _____
FILING DATE: Due during the anniversary month of Registration and delinquent after the last day of the following month.

1. L.L.P. ID and Name:

2. The address of the principal or chief executive office.

Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

IF ADDRESS IN #2 IS NOT A SOUTH DAKOTA ADDRESS QUESTION #3 IS REQUIRED.

3. The name of the South Dakota Registered Agent _____

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4

4. The names and business addresses of its partners.

Partner	Street Address	City	State	ZIP+4
Partner	Street Address	City	State	ZIP+4
Partner	Street Address	City	State	ZIP+4
Partner	Street Address	City	State	ZIP+4

Dated _____

(Signature of Partner)

(Printed Name)

(Title)